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AUGUST, 1907

# The California Medical Journal

**D. MACLEAN, M. D., EDITOR.**

Published Monthly

San Francisco, Cal.

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## Contents:

ORIGINAL AND SELECTED.

	PAGE
Transverse Fracture of the Calcaneum . . . . .	T. J. Higgins, M.D. 127
Prevention and Treatment of Malaria . . . . .	John Albert Burnett. 129
Puerperal Infection . . . . .	Edna Timms, M.D. 131
Pathogenesis and Treatment of Gastric Ulcer . . . . .	Marchetti, M.D. 135
Editorial . . . . .	137

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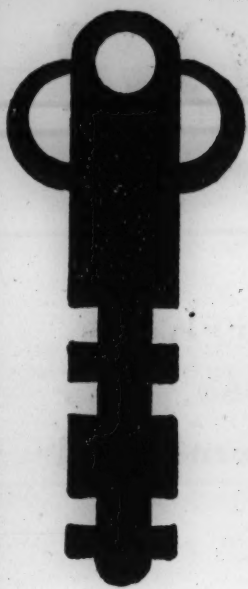
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# CALIFORNIA MEDICAL JOURNAL.

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AUGUST, 1907.

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## The Medical, Surgical and Electrical Features in the Treatment of a Transverse Fracture of the Calcaneum, Left Foot.

THEODORE JUDSON HIGGINS, PH.G., M.D., M.S.

"The calcaneum or os calcis is the largest tarsal bone; it is cuboidal in shape and presents for examination six surfaces."—(Morris.) The fracture which we are about to attempt to describe, looking at the bone from the dorsal view, was located midway between the peroneal tubercle and the outer tuberosity and the fracture divided the articulating surface for the astragalus in the posterior portion of the aforesaid surface and on the plantar surface the fracture involved. The surfaces to which the inner and outer heads of the accessorius muscles are attached.

The fracture occurred during a runaway accident. The party, Mr. W. M. G. being thrown from the vehicle sustaining contusions on all parts of the body, as he was driving and did

not let go the reins and he was dragged over rough ground for upwards of one hundred feet and incidentally the forward wheel of the vehicle passed over the foot at the point of fracture, and it was doubtless during this moment that the fracture occurred. We dressed the injured member for the first time, twenty-four hours after the accident, and although the foot was badly swollen we had no difficulty in determining the nature of the fracture. The tendency to keep the foot in extension to the fullest degree being one of the marked features of the case. Our treatment was as follows:

The application of spec. m. echinacea and capsicum, tr. U. S. P., aa qs. oz. iv. M. S. Apply on absorbent cotton thoroughly moistened therewith, and then follow with static

cataphoresis systematically applied over the entire bruised surface to the fullest extent. We then removed this dressing and bathed the parts thoroughly in 95% grain alcohol. Next we applied the ultra violet ray for ten minutes over the entire surface of the foot. The result of this treatment was complete cessation of the pain, as the boys say, right now. We did not attempt immediate reduction of the fracture but applied the following lotion:

R Calendula, tr. oz. ii.; tr. opii, U. S. P., oz. ii.; oil sassafras, dr. ii.; ethyl alcohol 95%, qs. oz. viij. M. S. Apply on cotton freely and bandage parts involved lightly, keep cotton moist with lotion. By the persistent application of static cataphoresis from day to day as above described we were enabled to reduce the swelling and cause the absorption of the extravasated blood and remove all tenderness from the bruised surfaces so that we deemed it safe to reduce the fracture on the tenth day. We favored the use of zinc oxide adhesive plaster as a splint material, applying this plaster directly to the integument.

At each subsequent dressing we made use of the ultra violet ray renewing the adhesive dressing after each treatment. We gave internally quarter grain doses of calcium sulphide thrice daily after meals. At the present writing, just eight weeks from the date of injury, we have perfect union of the segments of bone, no ankylosis whatever of the ankle joint and no deformity. Since the first ten days the patient has been able to

attend to his business keeping the books of a grocery firm of which he is a trusted employee. There has never been any pain since the first treatment, which we described in detail, and the provisional callus is fairly well marked at the line of fracture though not excessively prominent. We have perfect union of the segments and all this without the usual growing pains caused by the knitting together of the fractured member. We feel that our results are largely due to the free use of the ultra violet ray, the administration of the sulphide of calcium continuously, and to perfect apposition of the fragments of bone in their normal position. We also feel that the application of the principles of cataphoresis together with the other remedies used prevented sloughing and possible gangrene and perhaps a possible amputation of the foot.

The contusions were excessively severe and the swelling and discoloration was marked; the pain was excessive, amounting almost to a condition of tetanus. All of the above morbid conditions were immediately overcome by the first treatment excepting the swelling and discoloration and that immediately commenced to subside.

The tetanic contractions of the soleus, gastrocnemius and other great muscles which have their attachments in the tendo achilles which were producing the deformity drawing the segments of the fractured bone apart, etc., were immediately overcome and were kept in abeyance by the success

sive treatment, so that the subsequent reduction of the fracture and retention of the segments in apposition was much simplified by this procedure.

## Prevention and Treatment of Malaria.

BY JOHN ALBERT BURNETT, DEAN SPRING, ARKANSAS.

The prevention and treatment of malaria is a very important subject with physicians who practice in the malarial districts. It is a well known fact that torpid liver has much to do in causing malaria. A good remedy to keep the liver active is:

R. Specific chionathus dr. j.

Specific euonymus

Specific dioscorea aa dr. iv.

M. Sig. Dose, 10, 15 or 20 drops every one, two, three, four or six hours as needed. This compound will arouse the liver and after its action the patient will not be subject to liver disease as is the case when much calomel is used. The use of good water is also very important to prevent malaria. Some experienced physicians recommend that all water should be boiled before using; others put tincture of iodine in it to purify it; while others put coal oil in it to purify it.

The keeping away of mosquitoes is very important. I will quote as follows from the July, 1906, Medical Summary:

"It is stated the oil of pennyroyal is antagonistic to mosquitoes and that they will avoid sleeping people who have it about the bed."

In the Medical Brief for Feb. 1902, page 190, I find the following:

"The following application is a

sure preventive of the bites of mosquitoes":

R. Oil of citronella, dr. j.

Alcohol, oz. j.

M. Shake. To be applied to the exposed parts every two hours."

Another remedy to keep mosquitoes away is as follows, from Southern Clinic, July, 1906:

"Relief from flies and mosquitoes—It is not known perhaps to all nurses that flies and mosquitoes hate the smell of lavender. In my nursing I manage to secure sleep for a fly tormented patient in the following simple way: Pour into an atomizer a teaspoonful of oil of lavender, add this to as much alcohol as will make a saturated solution; lightly spray a pillow with this and place it under the patient's head. If the flies are very bad cover the eyes and nose and spray the hair, night dress and bed clothes. Not a fly will come around while the odor is perceptible."

The second decimal trituration of arsenic iodide has been recommended as a preventive of malaria. It is given in two grain doses three times a day. Lemon juice has been recommended as a preventive of malaria and it is a very good remedy. A teaspoonful of lemon juice in a teacupful of hot water, drunk as hot as the person can

drink it an hour before each meal, is a good preventive. A good antiperiodic is as follows:

R Fl. ext. gentiana,  
Fl. ext. hydrastis,  
Fl. ext. lycopus europeus,  
Fl. ext. verbenā hastata, aa  
dr. iv.  
Fl. ext. scutellaria,  
Tinct. myrrh comp. aa dr. j.  
Simple syrup, q. s. oz. viij.

Sig. To keep a chill off give a teaspoonful every hour until six doses are taken beginning so the last dose will come one hour before the chill is due. All other times give a teaspoonful every three hours.

Another good antiperiodic is as follows:

R Fl. ext. lycopus europeus,  
Fl. ext. verbenā hastata,  
Fl. ext. berberis aquifolium, aa  
oz. j.  
Fl. ext. scutellaria,  
Tinct. myrrh comp. aa dr. j.  
Simple syrup, q. s. oz. viij.

Sig. To keep a chill off give a teaspoonful every hour until six doses are taken beginning so the last dose will come about an hour before the chill is due. At other times give a teaspoonful every three or four hours. In chronic malaria the following will prove to be of value:

R Fl. ext. grindelia squarrosa,  
Fl. ext. lycopus europeus,  
Fl. ext. verbenā hastata,  
Fl. ext. berberis aquifolium, a  
a oz. j.

M. Sig. Dose, one teaspoonful every three, four or six hours.

Another good remedy in chronic malaria is:

R Fl. ext. gentiana,  
Fl. ext. hydrastis,  
Fl. ext. lycopus europeus,  
Fl. ext. verbenā hastata, aa  
dr. iv.  
Fl. ext. phytolacca,  
Fl. ext. scutellaria,  
Tinct. myrrh comp. (No. 6)  
aa, dr j.  
Potassium iodide, dr. ij.  
Simple syrup, q. s. oz. viij.

Sig. Dose, one teaspoonful every three, four or six hours. It should be remembered that lycopus europeus is bitter bugle weed and is entirely different from lycopus virginicus which is known simply by the name bugleweed. Lycopus europeus is a very important remedy in chronic malaria and in liver and spleen troubles, while lycopus virginicus is practically worthless in such complaints.

Grindelia squarrosa is entirely different from grindelia robusta a fact that is not as well known as it should be. The action of grindelia squarrosa is a very important remedy in malarial diseases and in diseases of the liver and spleen.

Scutellaria has been recommended as an antiperiodic by some writers. Its antiperiodic effect is very limited, but as it is a useful nervine it makes a valuable remedy to combine with more reliable antiperiodics, and besides, the nervous system is generally in need of a nervine.

The great door of opportunity usually swings on hinges called trifles.—  
*The Medical Mirror.*



### Pueperal Infection.

BY BDNA TIMMS, M. D., PORTLAND, OR.

Read before the Portland City and County Medical Society, March 22, 1907.

Puerperal infection is a term applied to the various processes, pelvic and general, that are manifested in lying in women, as a result of the action of microorganisms. They are identical in character with the various forms of infection that may complicate surgical operations or wounds of the body.

The history of the various discoveries by the great students throughout the different ages, as early as the time of Hippocrates, makes most interesting reading, many theories being advanced to explain its occurrence.

When we consider the natural mechanism which guards against the entrance of pathological organisms into the uterus we cannot help but feel that the statement made by one author is correct when he says: "If there were no vaginal examination or intra-vaginal or intra-uterine operations, a previously healthy patient confined, under proper hygienic circumstances, would not suffer from acute sepsis."

At the commencement of labor a healthy vagina is lubricated with a lactic acid forming fluid, which destroys all pyogenic organisms introduced into the vagina in a few hours. In addition to this protection there is a still further bar to the entrance of bacteria into the uterus. This is the plug of mucus which fills the cervix

and prevents the bacteria from entering the uterine canal, the gonococcus being the only germ capable of passing through the various layers, the whole tract finally being washed, at the close of labor, by the flow of Liquor Amnii.

Inasmuch as vaginal examinations and operations must be performed, it behooves us to do everything in our power to avoid the introduction of bacteria. There are three simple rules well known to all of us which if always followed would aid greatly in preventing this dreaded condition:

1st. Make as few examinations as possible. Ordinarily one can obtain all necessary information at one examination.

2nd. See always that hands, instruments and dressings are clean.

3rd. See that the patient is clean. Before examining have the nurse cleanse the vulva of the patient, also the vagina in case of instruments.

Invasion of the genital tract during pregnancy, or the puerperium by pathological bacteria, manifests itself in two ways:

I. Acute sepsis.

II. Sepsimia, sometimes called gas sepsis; and you might add a third, a combination of the 1st and 2nd.

Acute sepsis is due to the direct invasion of the system by pyogenic

bacteria. We have two forms of acute sepsis, divided according to the path by which the bacteria enter the system into lymphatic sepsis and venous sepsis or pyæmia.

The former is due to the entrance of pyogenic bacteria into the circulation of the patient via the lymphatics. It is the most fatal disease to which puerperal women are liable. It is due to the inoculation of some part of the genital tract with the streptococcus pyogenes, which has been introduced by the fingers or by instruments.

A debilitated condition of the system due to general poor health—prolonged labor—loss of blood, etc., all render the tissues less able to resist the invasion of micro-organisms. Premature rupture of the membranes is a predisposing cause, as the Liquor Amnii remaining in the vagina for some time makes a good culture medium. It is difficult to estimate the frequency of puerperal infection, but it is well known that there has been a marked decrease in the mortality since the introduction of antiseptics. In the Rotunda Hospital, Dublin, during the years 1870-76, the mortality from sepsis was 1 in 90; in the years 1890-96, the mortality was 1 in 908.

Webster says: "The abuse in anæsthesia is accountable for much of the puerperal mortality, interference with the course of labor being much more frequent than in the pre-anæsthetic days, when the natural process was allowed to continue as long as possible."

The symptoms appear in from 24 to 50 hours after inoculation, beginning

generally with a severe rigor, during which time the temperature rises to 104-5, pulse frequent, even out of proportion to the temperature. The secretions, lochia and milk cease completely, if they are ever established. The patient looks extremely ill and is absolutely sleepless, with great depression. The duration of the disease is from a day or two, to at most a week, heart complications being common.

The treatment consists in cleaning and keeping clear the vagina and uterus, also the digestive tract, and in giving supportive treatment.

The latter, venous sepsis, differs from the former by having the infection conveyed to the general circulation via the veins, by emboli starting from an already infected thrombus in the uterine sinuses; known as pyæmia. The infecting bacterium generally is the same as that which causes acute sepsis, the streptococcus, or it may be due to a neglected sapremia. The symptoms do not occur until about the tenth day after delivery, the patient seeming quite normal up to that time, or she may have suffered from sapremic infection of the uterus—you have a severe rigor, followed by a rapid elevation of temperature, the pulse rate increased proportionately. In a few hours the temperature falls and the patient may appear as well as before the attack. Another rigor follows in from 12 to 24 hours and so on as new tissues become infected by fresh emboli. In a few days abscesses form. They may occur in any part of the body, but as a rule follow one

or two definite courses. They will form in the superficial parts of the body: as in the joints or subcutaneously, or they occur in the deeper organs, as the liver, lungs or brain. The patient may recover or may die, death being caused from exhaustion due to suppuration.

Septic pneumonia, peritonitis, endocarditis, or from a formation of abscesses in the vital organs.

Treatment same as above and the abscesses opened and cleansed.

Now we will consider the second form of infection, viz: *Sapremia*. This is the condition which arises from absorption of the products of decomposition.

If air enters the vagina or uterus during or subsequent to the third stage of labor, saprophytic organisms are carried in along with it. These organisms lodge in any dead matter, as blood clots or portions of placenta, and generate poisons. If there is any obstruction to the escape of these poisons they are absorbed and sapremia results. These germs enter to some extent in almost every confinement, but sapremia does not result unless there remains tissue within the uterus which forms dead matter for them to feed upon. Improper management of the third stage of labor, i. e., premature expulsion of the placenta, is the common cause of the presence of dead matter in the uterus. Prolonged labor, by causing crushing and so necrosis of the soft parts and insufficient control of the fundus by allowing the uterus to fill with clots before the expulsion of the pla-

centa, are all predisposing causes of sapremia.

*Symptoms.*—The symptoms usually set in from the third to the fifth day after birth of the child, and commence gradually. The temperature rises to 101 to 102 degrees, and the pulse in proportion. At the same time the lochia has a foul smell. If the case is treated, the symptoms disappear; otherwise they increase. If it remains untreated the temperature rises much higher and the patient is very ill.

These saprophytes, which were only able to live on dead matter (under suitable conditions), become pyogenic and able to exist on living tissue; the most suitable condition being a neglected sapremia. As they gain in virulence they attack the uterus itself and cause septic endometritis. We then have a very foul smelling and profuse discharge, coming from a sub-involuted uterus. The bacteria may extend in two ways. They may infect a lacerated cervix and thus travel into the tissues around the uterus, or they may extend into the tubes and reach the peritoneal cavity, either being most serious.

*Prognosis.*—The saprophytes are usually the least dangerous agents, their results being generally local. Occasionally, however, a serious general infection may be caused. If treated in time the patient almost always recovers. If untreated she may die of ptomaine poisoning or from pyæmia. If extension of the inflammation to the tubes takes place she may die of septic peritonitis. In the most favorable cases she will be

an invalid for a long time, and perhaps for life.

*Treatment.*—The prophylactic treatment consists in the proper management of the third stage of labor. If sapremia occurs it must be treated at once. When the symptoms first appear raise the head of the bed slightly, and so favor free drainage from the vagina. With the same object, order a purgative which, by causing bearing down efforts, assists in emptying the vagina, at the same time clearing the alimentary canal.

If the third day has passed, you may allow the patient to kneel in bed when passing water.

If, in spite of this treatment, the temperature still keeps up, she must be given a copious vaginal douche of preferably hot creolin sol. oz. ss to one gallon of water without much force. If the trouble is limited to the vagina the temperature will fall. If it still remains high, the uterus is probably infected and intrauterine douching must be employed.

This brings us to the point which may seem very simple, but which impressed me as being of very great importance, namely, puerperal ulcer. This may, and very often does, accompany sapremic infection. It is an ulcer of varying size, with a gray, sloughing base and an inflamed margin. It forms on lacerations of the cervix and any torn or bruised surface of the vulva or vagina on which microorganisms may grow. This dirty gray or yellow sloughing ulcer often discharges pus. Frequently the patient's temperature is caused by these ulcers,

and they may even resist the above treatment. The vaginal douche was given with little force to prevent washing any of this or any other debris existing in the vagina up into the uterus, thus causing new infection.

So when it becomes necessary to give a puerperal patient an intrauterine douche, always get them in the cross-bed position, dilate the vulva and vagina with a vaginal speculum. Examine the surface of the vagina carefully from vulva to cervix for these ulcers. If any are found, cleanse them as well as the whole vagina. Then, if necessary, pass a sterile intrauterine douche tube by inspection, and see that the point does not come in contact with the ulcer. Otherwise you may carry infection from the ulcer, on the tube, into a clean uterus. The treatment of the ulcer is purely local, and consists in the careful washing away of all discharges and in applying iodoform powder or packing with iodoform gauze twice daily, or any other antiseptic.

Webster says: "It is necessary to destroy the organisms as soon as possible to prevent their spreading upward into the uterus. The patient is placed in the lithotomy position and the vagina exposed; the affected area washed with a 50 per cent hydrogen peroxide solution. A gauze tampon is then placed in the vagina, soaked in a solution of formaline in glycerine and water, formaline m xxx, glycerine oz. iv, sterile water pints i. After 12 hours the gauze is withdrawn, the parts are again washed with H<sub>2</sub>O<sub>2</sub>, and fresh formaline gauze rein-

troduced for twelve hours. This is repeated until the infected area is in a healthy condition. This method is preferable to the employment of antiseptic douches, because it allows of the continuous application of a powerful penetrating antiseptic.

Intrauterine treatment is conducted as follows: If a simple saline or creolin douche is not sufficient to relieve symptoms, a thorough bimanual examination should be made to determine the condition of all the pelvic organs. Then one or two fingers should be introduced into the uterus to determine the amount of debris present, removing same when possible. Hence curettage is not ordinarily indicated, curettage being dangerous because it breaks up the deeper protecting zone of leucocytes, exposing fresh raw tissue, which is liable to be invaded by micro-organisms which may not be entirely removed by the curette. Of course when the debris (placental tissue, etc.) is so adherent that the finger, placental forceps, etc., will not remove it, it may be necessary to use the curette, but avoid it if possible. The curette should be a large one, with a broad stroke and dull edge—one with a large enough opening to furnish free irrigation. You then introduce into the uterus the same glycerinated formaline solution referred to before, the gauze left twelve hours and then changed. Webster has abandoned the douching, as he claims the temporary dribble of water is utterly useless; that drugs strong enough to be of use will kill the patient.

Shucking's method of continuous irrigation is rational, though not favorably received on account of the inconvenience of using it. In all cases of infected uterus give ergot. It contracts the uterus, thereby compressing lymphatics and veins which hinder absorption, at the same time expelling clots and lochia.

In all cases the diet of the patient must be kept up, the bowels kept open and everything done to build up the strength.—*Medical Sentinel*

### Pathogenesis and Treatment of Gastric Ulcer.

Marchetti calls attention to the fact that both the sympathetic and vagus are involved in the innervation of the stomach, and states that these two nerves are the ones that generally suffer most in nervous disturbances. He has made a number of experiments on animals which confirm his clinical experiences and suggest that lesions in the vagus—the motor nerve of the stomach—causing local paralysis, entail stagnation of stomach contents at the part involved, with ulceration in time. When the vagi are divided or ligated the motor function of the stomach is completely arrested and death is only a question of a few days. Ligating the right vagus paralyzes only the right half of the stomach and in his experiments the center of the paralyzed part soon showed the typical ulcer while the rest of the stomach remained normal. The animals all vomited soon after eating, as do persons with an incipient ulcer. He

attributes this to excitation of the vomiting center from the mechanical irritation of the food at the seat of the incipient ulceration. He thus explains ulcer of the stomach as the result of some change in the vagus interfering with the normal motor function of the part of the stomach innervated by the branch of the nerve in question. Particles of food collect at this point, which ceases to share in the general peristalsis of the organ, and stagnation is sooner or later followed by ulceration. He also states that treatment of ulcer of the stomach should aim to restore the injured vagus to normal, when the ulcer will heal of itself. If this can not be done, then the only course is to excise the paralyzed portion as the conditions that induced the development of the ulcer persist and the ulcer is liable to be reproduced at any moment. In his experimental research, ligature of one branch of the vagus, causing local paralysis of part of the stomach, was invariably followed in the course of about four weeks by the development of an ulcer, similar in every respect to simple, chronic gastric ulcer in man. Gastroenterostomy always cured the ulcer in his animals, and he advocates it for severe cases in man as the ideal procedure.—*New England Medical Monthly*.

#### Chronic Constipation.

In the *Medical Bulletin* M. Clayton Thurston, after considering the dietetic, hygienic and mechanical means for treating chronic constipation, believes that drugs should play a sub-

ordinate part in the treatment, and their use should be restricted to those periods when the bowel becomes unusually obstinate, and when a free movement is desired. The constant use of laxatives and purgatives tends to a confirmation of the condition, and strong purgatives in large doses only tend to render the bowel accustomed to their use, so that eventually enormous doses of the drastic purgatives are required to cause a movement. He asserts, however, that there are three drugs which are of the greatest value in this condition, yet rarely used by the profession and they are of particular value when used in combination; they are hydrastis or golden seal, euonymus or wahoo and chionanthus virginica or fringe tree. Hydrastis is the great glandular stimulant and euonymus and chionanthus are both valuable cholagogues and hepatic stimulants. These, in combination with nux vomica for its tonic effects on the motor system and with the aid of the digestive ferments, form a valuable combination which is often curative when strong purgative agents fail, and the treatment is based on rational therapeutics.—*New England Medical Monthly*.

Excellent results may be obtained in liver abscess cases (solitary abscesses), which drain for a long time by applying a Bier cup over the superficial opening once a day for five minutes. One must be especially cautious in these cases not to increase the vacuum too rapidly as rupture of the vessels in the liver might easily ensue and cause serious damage.—*American Journal of Surgery*.

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His style and diction is quite original and we feel sure it will pay you to buy the book. The Eclectic Review.

The specific indications of all the drugs are certainly presented very thoroughly and practically. This is written for the Eclectic school and will be found a valuable acquisition to our literature. The Chicago Medical Times.

It deals not only with Eclectic Materia Medica, but with the old school and Homoeopathic remedies as well. California Medical Journal.

The most knowledge in a limited space is demanded everywhere and it will be found that these are the only kind of books that will be read. I congratulate you and bespeak for your book a worthy support. Albert J. Atkins, M. D.

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**Editorial.****SHALL WE HAVE A NEW ECLECTIC COLLEGE?**

We know of no move in that direction. The Pacific Coast States have a population of four millions—a sufficient number to sustain a good institution if one is needed. The logical place for such a college is San Francisco. The clinical advantages are better than in any other coast city. The City and County Hospital is open to Eclectics on an equality with other schools. They have their own Staff, their own wards, and every privilege is accorded that is granted to other schools.

Is the school needed is the question? We believe that it is. We believe the Eclectic School has not fulfilled its usefulness. That it still has a mission, and should continue its existence until the dominant school shall give more attention to the indigenous remedies of our country, and their direct application to diseased conditions.

Schools are changing—they are coming closer together as they know one another better. When the time comes when that which is useless in each school is eliminated, and that found useful and best adopted by

each, they can come together as one school. That day, however, is in the distant future.

At present the different schools should exist working in harmony for the best interests of all. We of the Pacific Coast should do our share, and establish an Eclectic College if not in San Francisco in some other coast city.

Who has the energy and the enterprise?

**QUERY?**

The City and County Hospital has been attended by the three regular schools—this includes the Homœopaths and Eclectics. Will some lover of truth compare the success or failure of each school. If the Homœopaths and Eclectics are not as successful as the old school, they have no great right to a separate existence. Who will compile the figures?

Dr. W. G. Boskowitz, Dean of the Eclectic Medical College of the City of New York, made us a pleasant call on his way home from the National, at Los Angeles. Calls of this kind are sunshine in the medical chaos of this State. While the State law has been changed, doing away with the three Boards, the doctor is hopeful for the continued success of the Eclectic College. Eclectic Colleges were never more needed than at the present time. Our friends are asleep or discouraged. They need an injection of "get up" serum, and go forth as of old to study the appli-

cation of remedies to diseased conditions. Eclectics have studied empirically the application of drugs; they need now to study more particularly the physiological changes produced by drugs in health and disease.

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The New York State Board of Medical Examiners is constituted of nine members: four Old School, three Homœopaths, one Eclectic, and one Osteopath.

Shall the strong nurture the weak, or shall the weak be destroyed?—We shall see.

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The regular annual meeting of the Eclectic Medical Society of the State of California was held at Blanchard's Symphony Hall, 232 South Hill St., Los Angeles, Monday, June 17, 1907.

In the absence of the president, Dr. Ben Stetson, the society was called to order by the first vice-president, Dr. J. A. Munk.

Letters from various members, regretting their inability to attend, were received and placed on file.

The resignation of Dr. H. Vandre, as treasurer of this organization, was accepted with regret.

The following officers were elected for the ensuing year:

F. J. Petersen, M. D., Lompoc,  
President,  
M. Blanche Bolton, M. D., San  
Pedro, first Vice-president,  
Ira A. Wheeler, M. D., Healdsburg,  
second Vice-president,  
J. Park Dougall, M. D., Los Ange-  
les, Recording secretary,

M. B. Ketchum, M. D., Los Angeles, Corresponding secretary,  
C. H. Hervey, M. D., San Jose,  
Treasurer.

On the motion of Dr. Dougall, seconded by Dr. Ketchum, the society decided to hold their next meeting in San Francisco, May 23-24-25, 1908.

The society adjourned to permit the members to attend the sessions of the National Eclectic Medical Association.

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The Interstate Medical Journal (St. Louis) announces the purchase of the St. Louis Courier of Medicine, one of the oldest medical journals in the West, and its consolidation with the Interstate on July 1st.

The St. Louis Courier of Medicine was established in 1879 by an association of prominent St. Louis physicians. It has always commanded a large following throughout the West and South, and held the respect and esteem of the entire profession of this country.

This merger removes from the field an old and highly esteemed contemporary, and its consolidation with the Interstate adds strength and prestige to that periodical. This is the fourth medical journal that has been purchased and absorbed by the Interstate during the past few years.

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#### ANTISEPTIC LIQUID SOAP.

R	Saponis Mollis		
	Katharmon		
	Aquæ	.	. aa oz. iv
	Alcoholis	.	. oz. iij
	Misce et adde		
	Acidi carbolic	.	. oz. j

Boston Medical and Surgical Journal.

June, 27.

TRANSMISSIBILITY AND CURABILITY OF CANCER.—Dr. William Seaman Bainbridge of New York City calls attention to the growing fear of cancer on the part of people of all classes. He attributes this to the theories of heredity, congenital transmission, and infectiousness or contagiousness as casual factors in the production of the disease. The fear of the contagiousness of cancer has been aroused by the exploitation of the subject in the public press. After reviewing the evidence *pro* and *con* of these theories he calls attention to the following points, adduced from the mass of conflicting evidence, which, pending the solution of the "cancer problem," will lead no one into danger: (1) That the hereditary and congenital acquirement of cancer are subjects which require much more study before any definite conclusions can be formulated concerning them. (2) That in the light of our present knowledge they hold no special element of alarm. (3) That the contagiousness or infectiousness of cancer is far from proved. (4) That evidence to support the theory of contagion or infection is so incomplete and inconclusive that the public need not concern itself with it. (5) That the public need merely be instructed to apply the same precautionary measures as should be brought to bear in the care of any ulcer or open wound. (6) That the danger of the accidental acquirement of cancer is far less than from typhoid fever, syphilis or tuber-

culosis. (7) That in the care of cancer cases there is much more danger to the attendant of septic infection, of blood poisoning from the pus organisms, than from any possible acquirement of cancer. (8) That the communication of cancer from men to men is so rare, if it really occurs at all, that it can practically be disregarded. (9) That in cancer, as in all other disease, attention to diet, exercise, and proper hygienic surroundings, is of the utmost importance. (10) That cancer is local in its beginning. (11) That, when accessible, it may, in its incipency, be removed by radical operation so perfectly that the chances are overwhelmingly in favor of its non-recurrence. (12) That once it has advanced beyond the stage of cure, in many cases suffering may be palliated and life prolonged by radical surgical means. (13) That while other methods of treatment may, in some cases, offer hope for the cancer victim, the evidence is conclusive that surgery, for operable cases, affords the surest means of cure.

#### DISCUSSION ON AFFECTIONS OF THE LACHRYMAL PASSAGES.

Osborne (*British Medical Journal*) says that a simple obstruction of the lachrymal passages does not produce constant epiphora and that constant epiphora may exist where the lachrymal canals are perfectly normal.

Risley, considering the anatomic conditions giving rise to obstruction, says that when the cause of epiphora lies in the puncta or canaliculi gentle

dilatation after cocainization is usually sufficient to effect a cure.

When the sac is inflamed, a preliminary slitting of the canaliculus, followed by the injection of cocain-adrenalin, will contract the swollen tissue so that fluids will pass into the nose without the necessity of probing the nasal duct. When fluids can be made to pass, the inflammation of the sac and nasal duct will rapidly subside without probing.

Purulent affections are treated with astringents after cleansing with a solution of peroxide of hydrogen; many are managed without probing.

When probing is necessary, the soft tissues are shrunk as much as possible and B. three or four is cautiously passed to the floor of the nose and left in situ twenty minutes. Attention is called to the necessity of treating the nose in the region of the turbinates.

Theobald advocates the use of his large probes.

Weeks deals with obstruction due to thickening of the lining membrane due to cicatrices. He uses gold styles, either solid or plated. The diameter of style should be about one mm. less than the diameter of probe passed. A temporary style of 3.4 American gauge lead wire is made to conform to the individual requirements. With this as a model a permanent style of 18K. gold wire is made by the surgeon. It should be removed every three to seven days, and the passage irrigated. Complications and accidents are dragging the inner canthus downward, irritation of the eyeball, displacement of style, concretions, absorption and

perforation of the horizontal plate of upper maxilla, cutting through the wall of canaliculus by weight of style and formation of granulation tissue.

Results: Permanent recovery in from two to nine months. Recurrences are not common.—*The Charlotte Medical Journal*.

### Surgical Suggestions.

Any enlargement of the thyroid gland may cause paralysis of one of the vocal cords by pressure on the recurrent laryngeal nerve or may impede respiration by pressure on the trachea itself. But a laryngeal examination should not be omitted, for the whole trouble may be caused by an enlarged accessory thyroid on one of the vocal cords.

Before performing a tonsillectomy or before removing adenoids, be sure to examine the heart. If there is a severe cardiac condition the patient is liable to bleed to death.

If the physical signs of pneumonia persist for an excessively long period, especially in children, it is wise to aspirate on the suspicion of empyema.

Irrigation of the ear with a warm boric acid solution (108° F.), is an excellent procedure if there is a discharge of pus. But irrigation of the ear just after a paracentesis of the drum or where there is only a serous discharge, merely predisposes the mucous membrane and the mastoid to greater infection.

If a patient has had a nasal operation performed, especially if the acces-

sory sinuses have been operated upon, severe frontal headache may mean thrombosis of the cavernous sinus, even if no fever be present.

A palpable tumor in the umbilical region is often a malignant growth of the transverse colon. Benign growths of the mesentery are also found here.

A diagnosis between a tumor anterior to the rectus muscle and a tumor more deeply seated, can be made by grasping the tumor and then having the patient rise from the recumbent to the sitting posture. Tumors anterior to the rectus muscle do not escape from the grasp of the fingers during this maneuver, while tumors behind the muscle cannot be firmly held.

Blood lost at stool in the form of a jet is practically always from a hemorrhoid.—*American Journal of Surgery*

#### CODEINE SAFETY AGAIN DEMONSTRATED.

Dr. E. L. M'Kee, of Cincinnati, Ohio, speaking of Codeine, in the *Denver Medical Times*, says: "This drug, according to Butler, is one-fourth as toxic and effective as morphine. It is less depressing and more stimulant, does not constipate, cause headache or nausea, and rarely leads to the formation of a habit. Codeine seems to exert a special, selective, sedative power over the pneumogastric nerve, hence its value in irritative laryngeal, pharyngeal and phthisical coughs with scanty secretion. Like morphine, it has proved of value in checking the progress of saccharine diabetes, and it has been used for long

periods without the formation of the drug habit, inasmuch as when glycosuria was brought to a termination by dietary and other measures, the cessation of the use of codeine was not followed by any special distress. The effects of codeine on the alimentary canal are remarkable, in that it assuages pain as well or better than morphine, and nevertheless does not check the secretions or peristalsis notably, unless the latter is excessive, as in dysentery. The statement that codeine is simply a "little morphine," only differing from the latter in size of the dose, is an erroneous view, as can be ascertained by any one who closely observes the action of the two drugs."

Codeine in connection with antikamnia has stood the test of exhaustive experimental work, both in the laboratory and in actual practice, and they are now accepted as the safest and surest of this class of remedies. Therefore, "antikamnia and codeine tablets" afford a very desirable mode of administering these two valuable drugs. The proportions, antikamnia  $4\frac{3}{4}$  grs., codeine  $\frac{1}{4}$  gr., are those most frequently indicated in the various neuroses of the larynx, as well as the coughs incident to lung trouble, bronchial affections, grippal conditions and summer colds.

#### A BLEND OF HARMONIZING DRUGS.

The above condition has been fulfilled in Sanmetto—its ingredients harmonize, forming a most perfect blend of the santal and saw palmetto with soothing demulcents and well

chosen aromatics, resulting in a soothing, healing and restorative remedy for the diseased genito-urinary economy, at once efficient, and adapted alone or in combination with other drugs.

DR. MILNER FOTHERGILL wrote:

"The combination (Fellows' Hypophosphites) is an excellent one—the best yet made—to my knowledge. It is a happy thought.

"It is a good all round tonic specially indicated when there is nervous exhaustion. It is readily digestible, and has given much satisfaction in my experience of it."

ALETRIS CORDIAL RIO is an efficient uterine tonic and restorative, and is a preparation for which nothing can be substituted.

Dr. F. W. P. Butler, of Columbia, S. C., after a very thorough clinical test of Maizavena, writes that he is convinced that it has no superior as a remedy in the treatment of inflammatory conditions of the urinary tract, and deems it particularly efficacious in cystitis and non-specific urethritis. Dr. Butler has likewise tested the preparation very thoroughly in cases in which the symptoms were due to enlarged prostate gland, and he reports that in his hands it has never failed to give a large measure of relief to the patient. Dr. Butler reports one case in particular in which the patient suffered greatly from hematuria and retention, and painful micturition. In this case many remedies were tried

without effect, and Maizavena gave prompt and permanent relief.

Dr. Butler regards this drug as the best of all simple, non-irritating diuretics.

#### REAL MERIT ALWAYS WINS.

It is really interesting to watch the flock that follows in the wake of something that succeeds. When Daniel's Conct. Tinct. Passiflora Incarnata was put on the market thirty years ago there were no similar preparations before the public. When its value was fully ascertained by the medical practitioners and they began to prescribe it generally, imitations began to appear. Some even assert that they are prepared from several things including Passiflora Incarnata. This is an amusing statement when it is known that Passiflora Incarnata or the May-Pop possesses the highest sedative qualities and its combinations with the tinctures of other plants only lessens its strength.

Daniel's Passiflora is the perfect type of the true soporific and anodyne. Under its administration the nervous system is restored to peace and tranquillity, the appetite improves, the body begins to gain in weight and the entire organism is brought back to its normal vigor.

For such diseases as insomnia, hysteria, convulsions, tetanus, neuralgia and during the period of childbirth, Daniel's Passiflora is now employed by a majority of physicians—because they have learned by experience that it induces natural sleep without reac-

tion and serves as both a food and tonic to the nervous system.

#### The Pathology and Treatment of Hay Fever.

One of the most striking pathological features of this malady is a turgescence of the turbinal tissues due to extensive dilatation of the capillaries. That this is the result of an angioneurosis, involving a more or less pronounced local vaso-motor paralysis, is pretty generally conceded.

In the treatment of hay fever with Adrenalin Chloride it has been suggested that weak solutions, frequently applied, are apt to yield better results than the occasional application of strong solutions. The application of the solution of Adrenalin Chloride stimulates the vaso-motor supply, resulting in a contraction of the capillaries. Overstimulation, by reaction, is very sure to result in a complete paralysis of the vaso-motor supply in the region affected. On the other hand, gentle stimulation with weak solutions is not so likely to be followed by a reaction.

Solution Adrenalin Chloride (1:1000) may be diluted with normal salt solution and sprayed into the nares and pharynx.

Adrenalin Inhalant may be preferred to the aqueous solution, for obvious reasons. This product contains one part of Adrenalin Chloride in one thousand parts of an aromatized neutral oil base, with 3% Chlorotone. It is vaporized by means of a nebulizer.

Adrenalin ointment may be applied to the turgescient nasal mucosa by means of a cotton applicator. Henry Guy Carleton (Therapeutic Gazette, June, 1907) says that "Relief can be accomplished more quickly by smearing one or two minims of ointment containing 1:1000 of Adrenalin between the brows and half-way down the side of the nose than by the inunction and spraying of the nasal mucosa." The modus operandi is explained as follows:

The effect is to allay the irritation of the supraorbital, supratrochlear, and infratrochlear and frontal nerves, and the superior and inferior nasal, the nasal rami of the superior maxillary, and the nasopalatine nerves, all of which are involved in a severe attack. Those rami in the posterior nares which may be affected will be relieved simultaneously, exactly as all branches of the supraorbital affected in a supraorbital neuralgia are relieved when an application of Adrenalin Ointment is applied only to the supraorbital foramen."

Messrs. Parke, Davis & Co. issue a brochure on the treatment of hay fever, which will be sent gratis to any medical man upon request. We suggest to our readers that they send for the brochure, as hay fever is an exceedingly interesting and timely subject.

"TOBACCO HEART—This trouble comes under the head of cardiac neurosis. The innervation of the heart is disturbed, its action is weakened, irregular and intermittent; palpita-

tion, precordial pains, faintness, and vertigo are the consequences. The use of tobacco should be inhibited and a Cactina Pillet given every two or three hours, as the occasion demands. The patient will not only be benefited, but permanently cured if the treatment is continued for some time."—*The Charlotte Medical Journal*.

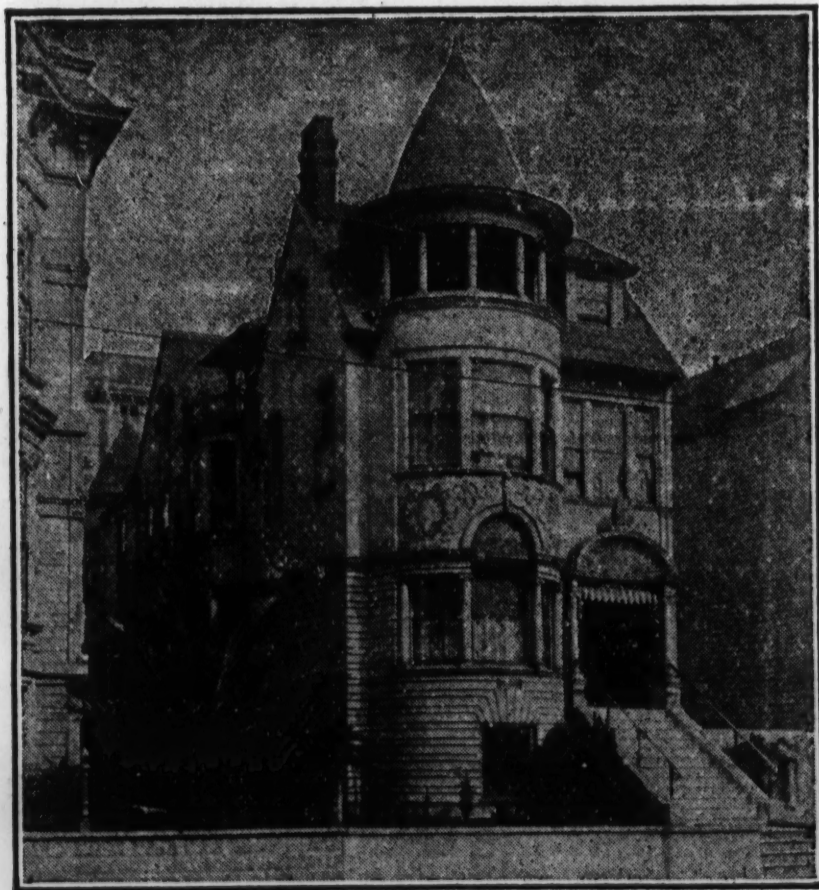
The neutrality and general purity of the salts entering the composition of Peacock's Bromides have been attested to by eminent Chemists. This assurance in its purity and uniformity is of great moment to the general practitioner when he desires to employ a continuous bromide treatment. It is a palatable preparation and as each fluid drachm contains fifteen grains of the combined bromides the dose is easily adjusted.

### Book Notes.

Medical and Surgical Diseases of the Digestive Organs—by O. A. Palmer, Ph.D., M.D., 1948 East 101st St., Cleveland. Price, \$3.00. Order from the author or any bookseller.

For a consideration of the good points of this book we can do no better than quote from the introduction, which calls attention to four excellent features.

First, the careful attention to etiology and prophylaxis. Second, the consideration of the patient as a whole instead of some isolated portion of his case only. Third, therapeutic optimism, and fourth, the eminently sane ideas in regard to surgical intervention. For ourselves we heartily endorse the above, and recommend it as a thoughtful, practical work.



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The value of Senna as a laxative is well known to the medical profession, but to the physician accustomed to the ordinary senna preparations, the gentle yet efficient action of the pure laxative principles correctly obtained and scientifically combined with a pleasant aromatic syrup of California figs is a delightful revelation, and in order that the name of the laxative combination may be more fully descriptive of it, we have added to the name Syrup of Figs "and Elixir of Senna," so that its full title now is "**Syrup of Figs and Elixir of Senna.**"

It is the same pleasant, gentle laxative, however, which for many years past physicians have entrusted to domestic use because of its non-irritant and non-debilitating character, its wide range of usefulness and its freedom from every objectionable quality. It is well and generally known that the component parts of Syrup of Figs and Elixir of Senna are as follows:

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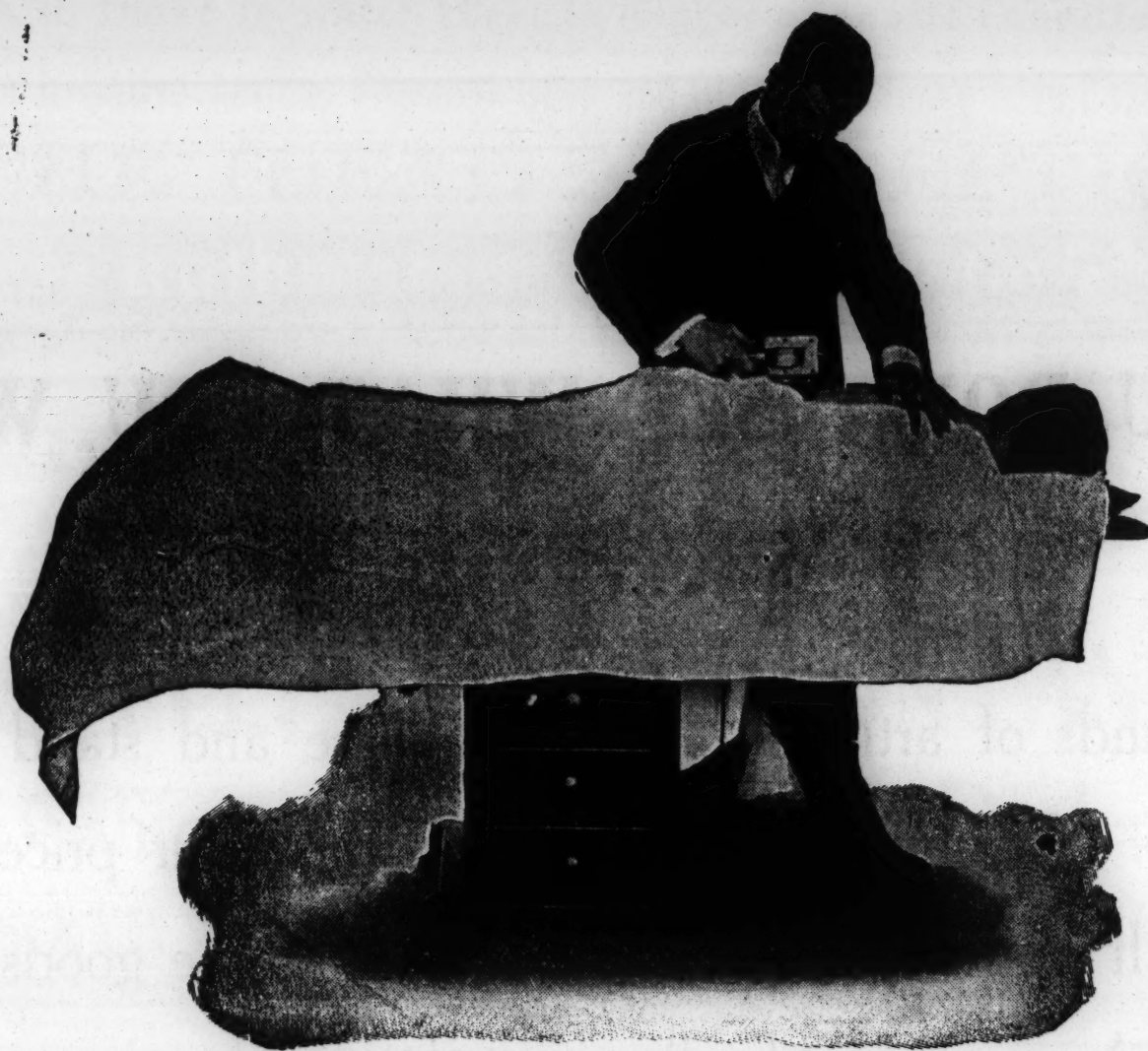
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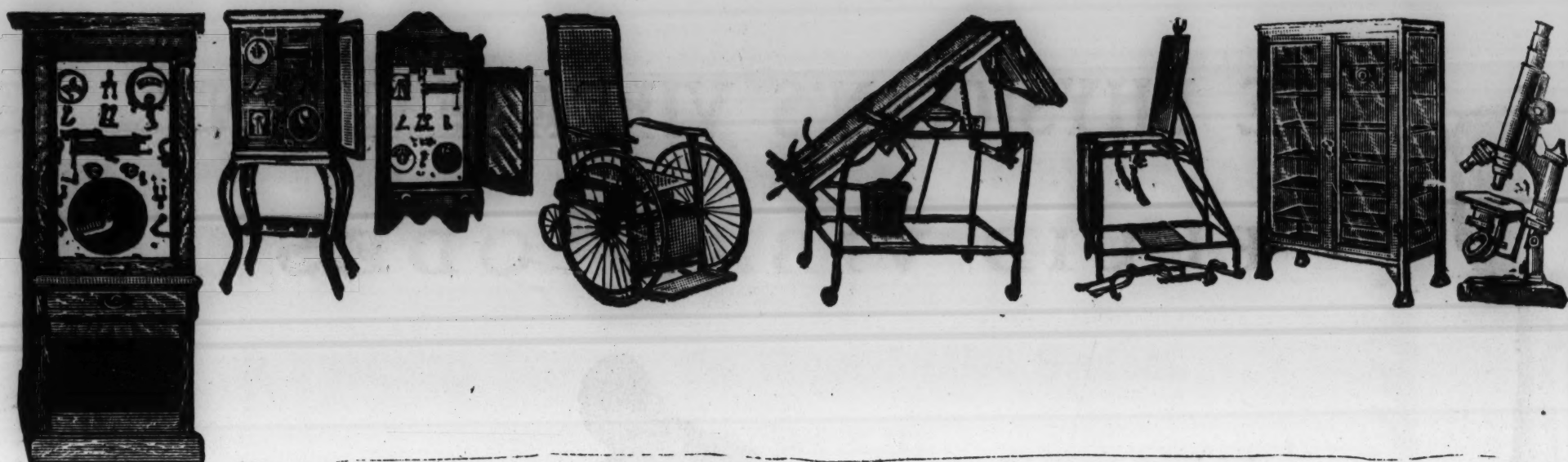
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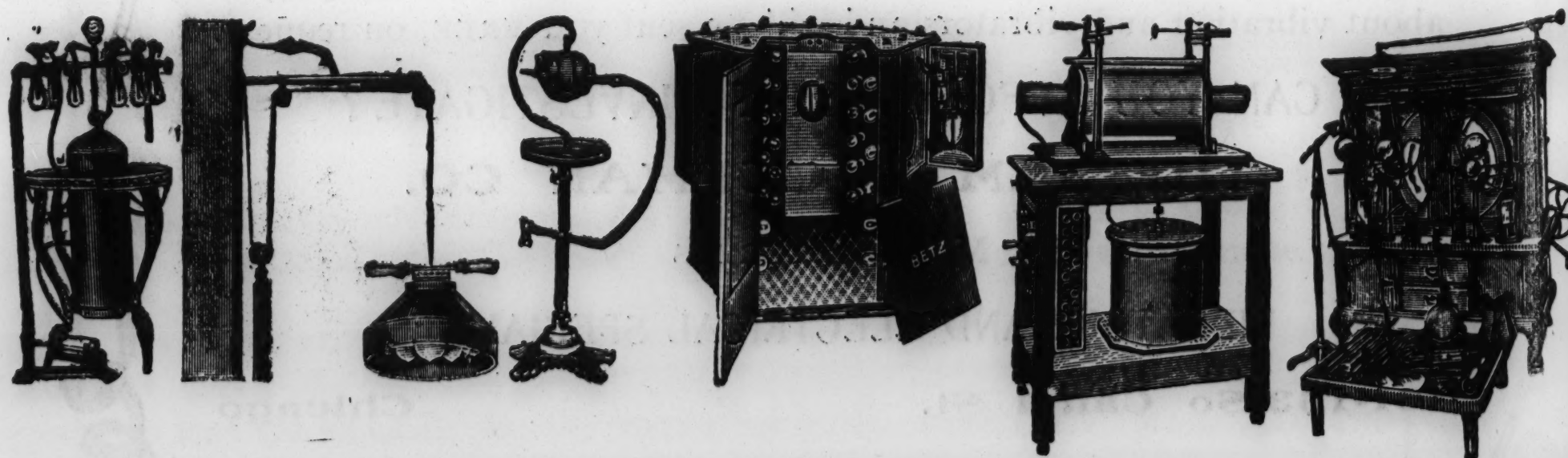
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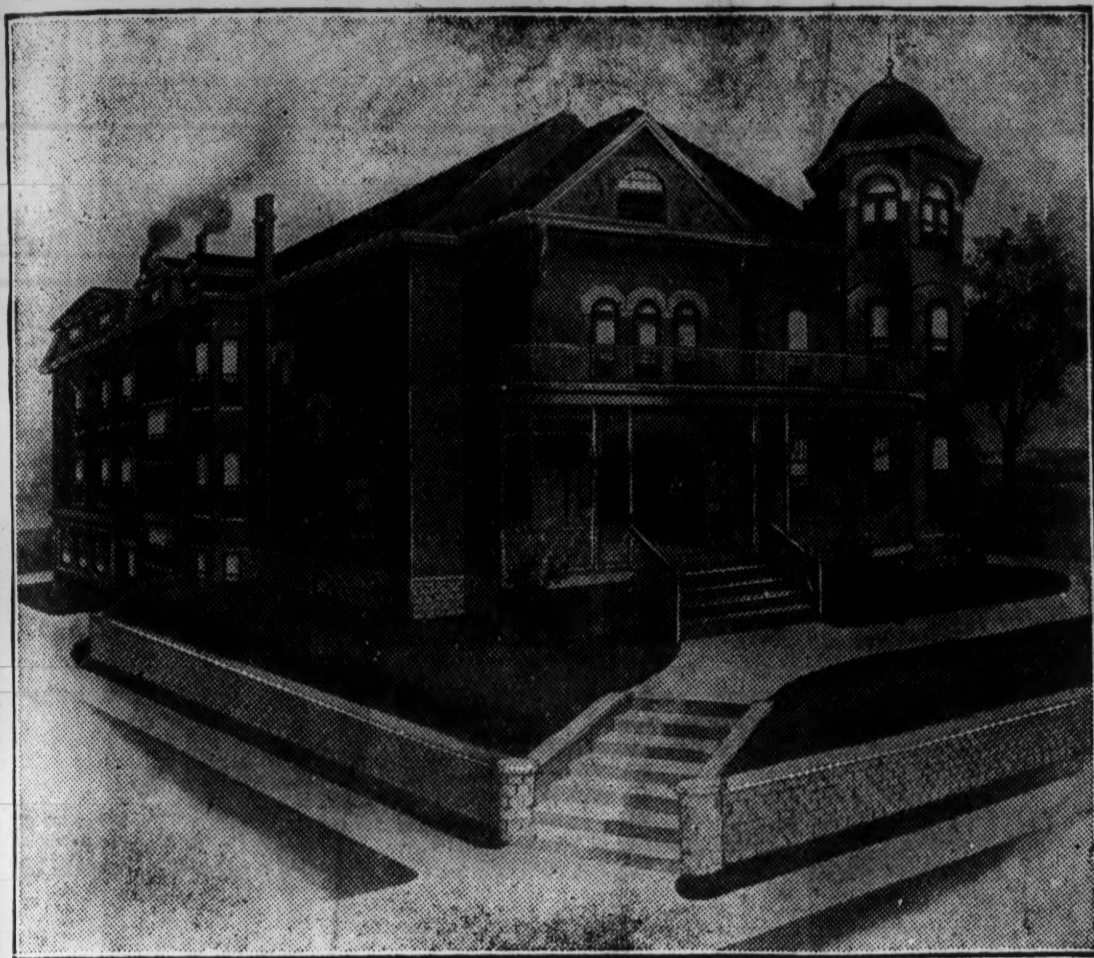
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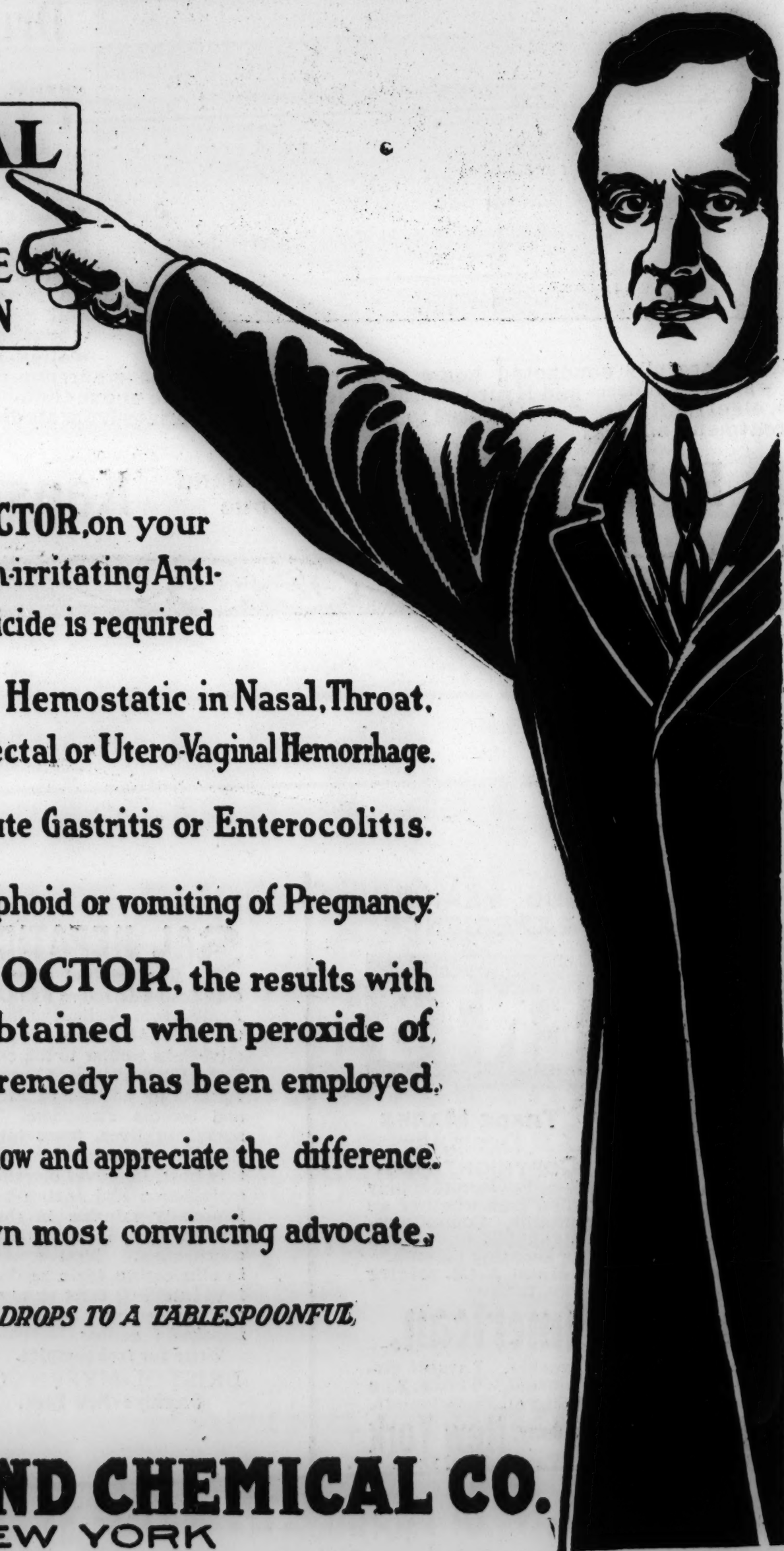
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